MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		(1)				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37	1					
38	2					
39	2					
40	2					
41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	2					
48	2					
49	(1)					
50	1					
TOTAL IND.	11					
TOTAL DEP.	101					
TOTAL CLAIMS	105					

CLAIMS		IND	DEP	IND	DEP	IND	DEP
51			(1)				
52			3				
53			(1)				
54		1					
55			1				
56			1				
57		1					
58			1				
59			1				
60			1				
61			1				
62			1				
63			1				
64			1				
65			1				
66			1				
67			1				
68			1				
69			2				
70			2				
71			2				
72			2				
73			2				
74			2				
75			2				
76			2				
77			2				
78			2				
79			2				
80		1					
81			1				
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

85
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